

COMPLIANCE CHECKLIST

► Medical/Surgical Nursing Unit

The following Checklist is for plan review of hospital facilities, and is derived from the AIA/HHS Guidelines for Design and Construction of Health Care Facilities, 2006 Edition (specific sections indicated below), appropriately modified to respond to DPH requirements for projects in Massachusetts which include Hospital Licensure Regulations 105 CMR 130.000 and Department Policies. Applicants must verify compliance of the plans submitted to the Department with all the requirements of the AIA/HHS Guidelines, Licensure Regulations and Department Policies when filling out this Checklist. The completed DPH Affidavit Form must be included in the plan review submission for Self-Certification or Abbreviated Review Part II. A separate Checklist must be completed for each nursing unit.

Other jurisdictions, regulations and codes may have additional requirements which are not included in this checklist, such as:

- NFPA 101 Life Safety Code (2000) and applicable related standards contained in the appendices of the Code.
- State Building Code (780 CMR).
- Joint Commission on the Accreditation of Health Care Organizations.
- CDC Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health Care Facilities.
- Accessibility Guidelines of the Americans with Disabilities Act (ADA).
- Architectural Access Board Regulations (521 CMR).
- Local Authorities having jurisdiction.

Instructions:

1. The Checklist must be filled out completely with each application.
2. Each requirement line (____) of this Checklist must be filled in with one of the following symbols, unless otherwise directed. If an entire Checklist section is not affected by a renovation project, "E" for existing conditions may be indicated on the requirement line (____) before the section title (e.g. E PATIENT ROOMS). If more than one space serves a given required function (e.g. patient room or exam room), two symbols separated by a slash may be used (e.g. "E/X"). Clarification should be provided in that regard in the Project Narrative.

X = Requirement is met, for new space, for renovated space, or for existing support space for an expanded service.

☒ = Check box under section titles or individual requirements lines for optional services or functions that are not included in the health care facility.

E = Requirement relative to an existing suite or area that has been *licensed* for its designated function, is *not affected* by the construction project and *does not pertain to a required support space* for the specific service affected by the project.

W = Waiver requested for Guidelines, Regulation or Policy, where hardship in meeting requirement can be proven (please complete Waiver Form for each waiver request, attach 8½" x 11" plan & list the requirement reference # on the affidavit).

3. Mechanical, electrical & plumbing requirements are only partially mentioned in this checklist. Section **2.1-10** of the Guidelines must be used for project compliance with all MEP requirements and for waiver references.
4. Oxygen, vacuum & medical air outlets are identified respectively by the abbreviations "OX", "VAC" & "MA".
5. Text items preceded by bullets (▪), if included, refer to the recommendations of the Appendices of the Guidelines, and are DPH recommendations only. No symbol is expected for these items.
6. Requirements referred to as "Policies" are DPH interpretations of the AIA Guidelines or of the Regulations.
7. Reference to a requirement from the AIA Guidelines in any waiver request must include the chapter number (e.g. "**2.1-**") and the specific section number.

Facility Name:

DoN Project Number: (if applicable)

Facility Address:

Nursing Unit Bed Complements:

Current = Proposed =

Satellite Name: (if applicable)

Building/Floor Location:

Satellite Address: (if applicable)

Submission Dates:

Initial Date:

Revision Date:

Project Description:

Note: All room functions marked with "X" must be shown on the plans with the same name labels as in this checklist.

2.1- ARCHITECTURAL REQUIREMENTS**MECHANICAL/PLUMBING/
ELECTRICAL REQUIREMENTS****3.1.1 PATIENT ROOMS**

▷ New Construction

▷ Renovations

3.1.1.1 ☐ 1-bed maximum capacity per room

☐ Number of beds per room does not exceed existing capacity

☐ 4-bed maximum capacity per room

3.1.1.2 ☐ Min. 120 sf* in single-bed room

☐ check if no single-bed room in project

☐ min. 3'-0" clearance on each side of bed

☐ min. 3'-0" clearance at foot of bed

☐ Min. 100 sf* per bed in multibed room

☐ check if no multibed room in project

☐ min. 3'-0" clearance on each side of beds

☐ min. 4'-0" clearance at foot of bed

*exclusive of toilet rooms, closets, lockers, wardrobes, alcoves, or vestibules

3.1.1.3 ☐ Window in each patient room

3.1.1.4 ☐ Privacy cubicle curtains

2.2.2 ☐ Wardrobe, closet or full length locker for each patient

2.2.1 ☐ Toilet room

☐ accessible without entering the general corridor

2.2.1.1 ☐ serves no more than 2 rooms & 4 beds

3.1.3 EXAM/TREATMENT ROOM

☐ check if service not included in unit, if each patient room is a single-bed room

☐ located on same floor as nursing unit

☐ min. 120 sf

☐ storage cabinet

☐ writing surface

☐ provides for privacy when door is open

3.1.5 SUPPORT AREAS

2.3.1 ☐ Administrative center or nurse station

☐ space for counters & storage

2.3.2 ☐ Documentation area

☐ charting surface

☐ access to information/communication systems

3.1.5.3 ☐ Nurse's office

3.1.5.4 ☐ Staff multipurpose room

☐ located in nursing unit

or

☐ shared with other departments

☐ Handwashing station

☐ located outside patient cubicles

☐ 1 OX & 1 VAC for each bed

☐ Vent. min. 6 air ch./hr

Lighting:

☐ reading light for each bed

☐ general lighting

☐ night light

Power:

☐ duplex receptacle on each side of each bed

☐ additional duplex receptacle for each motorized bed

☐ 1 duplex receptacle per room on emergency power

Nurses call system:

☐ call station for each bed

☐ one 2-way voice communication station per room

☐ light signal in the corridor at room door

☐ Handwashing station

☐ Vent. min. 10 air ch./hr (exhaust)

☐ Bedpan flushing device

☐ Emerg. pull-cord call station

☐ Handwashing station

☐ 1 OX & 1 VAC

☐ Vent. min. 6 air ch./hr

☐ Min. 2 elect. duplex receptacles

☐ Staff call station

☐ Convenient access to handwashing station

☐ Nurses call annunciator panel

☐ Duty station visible call signal

☐ Duty station visible call signal

2.1- ARCHITECTURAL REQUIREMENTS**MECHANICAL/PLUMBING/
ELECTRICAL REQUIREMENTS**

- | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>2.3.4</p> <p>Medication station</p> <p>___ Medicine prep. room or ___ Self-contained medicine dispensing unit</p> <p>___ visual control from nurses station</p> <p>___ work counter</p> <p>___ handwashing station</p> <p>___ refrigerator</p> <p>___ locked storage</p> | <p>___ adequate security for controlled drugs</p> <p>___ adequate lighting</p> <p>___ convenient access to handwashing station</p> | <p>___ Vent. min. 4 air ch./hr</p> <p>___ Emergency power/lighting</p> <p>___ Duty station visible call signal</p> |
| <p>2.3.5</p> <p>___ Nourishment area</p> <p>___ work counter</p> <p>___ storage cabinets</p> <p>___ refrigerator</p> <p>___ equipment for hot nourishment</p> <p>___ space for holding dietary trays</p> | | <p>___ Handwashing station conveniently accessible</p> <p>___ Vent. min. 4 air ch./hr</p> <p>___ Duty station visible call signal</p> |
| <p>2.3.6</p> <p>___ Ice machine</p> <p>3.1.5.9</p> <p>___ Patient bathing facilities</p> <p>(1) ___ Showers & bathtubs</p> <p> ___ 1:12 bed ratio</p> <p>(2) ___ Patient toilet room within or directly accessible from each bathing facility</p> <p>(3) ___ Bathing facilities for patients on stretchers (may be on another floor)</p> <p> ___ 1:100 bed ratio</p> | | <p>___ Vent. min. 10 air ch./hr (exhaust)</p> <p>___ Emerg. pull-cord call station</p> <p>___ Handwashing station</p> <p>___ Vent. min. 10 air ch./hr (exhaust)</p> <p>___ Emerg. pull-cord call station</p> <p>___ Vent. min. 10 air ch./hr (exhaust)</p> <p>___ Emerg. pull-cord call station</p> |
| <p>2.3.7</p> <p>___ Clean workroom or ___ Clean supply room (for holding clean & sterile materials)</p> <p>___ counter</p> <p>___ handwashing station</p> <p>___ storage facilities</p> | <p>___ storage facilities</p> | <p>___ Vent. min. 4 air ch./hr</p> <p>___ Duty station visible call signal</p> |
| <p>2.3.8.1</p> <p>___ Soiled workroom</p> <p>___ work counter</p> <p>___ space for holding soiled linen & solid waste</p> | | <p>___ Clinical flushing-rim sink</p> <p>___ Handwashing station</p> <p>___ Vent. min. 10 air ch./hr (exhaust)</p> <p>___ Duty station visible call signal</p> <p>___ Vent. min. 2 air ch./hr</p> <p>___ Duty station visible call signal</p> |
| <p>2.3.9.1</p> <p>___ Clean linen storage</p> | | <p>___ Vent. min. 4 air ch./hr</p> <p>___ Duty station visible call signal</p> |
| <p>2.3.9.2</p> <p>___ Equipment storage room</p> <p> ___ min. 10 sf/bed</p> | | <p>___ Vent. min. 4 air ch./hr</p> <p>___ Duty station visible call signal</p> |
| <p>2.3.9.3</p> <p>___ Stretcher/wheelchair storage</p> <p> ___ out of the path of normal traffic</p> | | |
| <p>2.3.9.4</p> <p>___ Emergency equipment storage</p> | | |
| <p>2.3.10</p> <p>___ Housekeeping room on the nursing floor (may serve more than one nursing unit)</p> | | <p>___ Service sink</p> <p>___ Vent. min. 10 air ch./hr (exhaust)</p> |
| <p>2.4.1</p> <p>___ Staff lounge</p> <p> ___ min. 100 sf</p> | | |
| <p>2.4.2</p> <p>___ Staff toilet room(s)</p> | | <p>___ Handwashing station</p> <p>___ Vent. min. 10 air ch./hr (exhaust)</p> |
| <p>2.4.3</p> <p>___ Secure storage for staff personal items</p> | | |
| <p>3.1.7.1</p> <p>___ Visitor lounge</p> <p> ___ convenient to nursing unit</p> <p> ___ designed to minimize impact of noise & activity</p> | | |
| <p>3.1.7.2</p> <p>___ Patient/public toilet room conveniently accessible from visitor lounge</p> | | <p>___ Handwashing station</p> <p>___ Vent. min. 10 air ch./hr (exhaust)</p> <p>___ Emerg. pull-cord call station</p> |

2.1- ARCHITECTURAL REQUIREMENTS**3.2.2** AIRBORNE INFECTION ISOLATION ROOM

☐ check if service not included in unit
(also complete 3.7.1 "PATIENT ROOMS")

3.2.2.3 ☐ Single bed room

8.2.3.4(3) ☐ Monolithic ceiling **or** ☐ Washable clipped-down ceiling tiles

3.2.2.4(1) ☐ Entry through work area:
☐ alcove directly **or** ☐ alcove directly
inside the room outside the room
☐ handwashing station ☐ handwashing station
☐ clean storage ☐ clean storage
☐ soiled holding ☐ soiled holding

3.2.2.4(2) ☐ Door self-closing

3.2.2.4(3) ☐ Bathroom with direct access from room (not through work area)
☐ toilet
☐ shower or tub

3.2.3 PROTECTIVE ENVIRONMENT ROOM(S)

☐ check if service not included in unit
(also complete 3.1.1 "PATIENT ROOMS")

3.2.3.4 ☐ Single bed room

8.2.3.4(3) ☐ Monolithic ceiling **or** ☐ Washable clipped-down ceiling tiles

3.2.3.5(1) ☐ Entry through work area:
☐ alcove directly **or** ☐ alcove directly
inside the room outside the room
☐ handwashing station ☐ handwashing station
☐ clean storage ☐ clean storage
☐ soiled holding ☐ soiled holding

3.2.3.5(4) ☐ Door self-closing

3.2.3.5(2) ☐ Bathroom with direct access from room (not through work area)
☐ toilet
☐ shower or tub

**MECHANICAL/PLUMBING/
ELECTRICAL REQUIREMENTS**

☐ Handwashing station
Mechanical Ventilation (Table 2.1-2)
☐ vent. positive to toilet
☐ vent. negative to work area
☐ min. 12 air ch./hr (exhaust)
☐ visual monitoring of room pressure & airflow direction

Work area (open or enclosed)
☐ vent. negative to corridor
☐ vent. positive to isol. room
☐ min. 10 air ch./hr (exhaust)

☐ Handwashing station
☐ Vent. min. 10 air ch./hr (exhaust)
☐ Bedpan flushing device
☐ Emerg. pull-cord call station

☐ Handwashing station
Mechanical Ventilation (Table 2.1-2)
☐ min. 12 air ch./hr
☐ HEPA filter on air supply
☐ vent. positive to corridor/anteroom
☐ vent. positive to toilet
☐ visual monitoring of room pressure & airflow direction

Work area (open or enclosed)
☐ vent. positive to corridor
☐ vent. negative to protective environment room
☐ min. 10 air ch./hr

☐ Handwashing station
☐ Vent. min. 10 air ch./hr (exhaust)
☐ Bedpan flushing device
☐ Emerg. pull-cord call station

2.1- ARCHITECTURAL REQUIREMENTS**3.2.4** SECLUSION ROOM(S)☐ check if service not included in unit☐ single bed room☐ adjacent to nurses station**2.3-2.2.1.1** ☐ designed for short-term occupancy by one patient**2.3-2.2.1.2** ☐ Location allows direct staff supervision**2.1-3.1.1.2** ☐ 120 sf single-bed☐ 3'-0" clearance bed sides☐ 3'-0" clearance at foot of bed**2.3-2.2.1.5** ☐ Constructed to avoid patient injury☐ One-hour fire rated construction☐ No outside corners or edges within room

Door to seclusion room:

☐ outswinging☐ vision panel**2.3-2.2.1.4** ☐ Anteroom☐ Toilet room☐ direct access from anteroom only**MECHANICAL/PLUMBING/
ELECTRICAL REQUIREMENTS**☐ Vent. min. 6 air ch./hr☐ No electrical switches☐ No electrical receptacles☐ Vent. min. 2 air ch./hr☐ Handwashing station☐ Vent. min. 10 air ch./hr (exhaust)

GENERAL STANDARDS**DETAILS AND FINISHES**Corridors

▷ New Construction or Renovations for New Inpatient Corridor*

___ Min. corridor width 8'-0" (NFPA 101)

▷ Renovations to Existing Inpatient Corridor*

___ Min. corridor width 8'-0" except for existing structural elements & existing mechanical shafts
___ Min. corridor width at temporary construction partitions is 5'-0"

*No waivers accepted

___ Min. staff corridor width 5'-0" (8.2.2.1(1))

___ Fixed & portable equipment does not reduce required corridor width (8.2.2.1(2))

___ Work alcoves include standing space that does not interfere with corridor width (Policy)

☐ check if function not included in unit

Ceiling Height (8.2.2.2)

___ Ceiling height min. 7'-10", except:

___ 7'-8" in corridors, toilet rooms, storage rooms

___ sufficient for ceiling mounted equipment
___ min. clearance under suspended pipes/tracks:

___ 7'-0" AFF in bed/stretchers traffic areas

___ 6'-8" AFF in other areas

Doors (8.2.2.3)

___ All doors are swing-type

___ Patient rooms doors min. 3'-8"w x 7'-0"h

___ Doors for stretchers or wheelchairs min. 2'-10" wide

___ Doors to occupiable rooms do not swing into corridors

___ Patient toilet room doors are outswinging or double-acting

___ Bathing room doors are outswinging or double-acting

___ Emergency access hardware on patient toilet/bathing doors

Operable Windows (8.2.2.5)

☐ check if all windows are fixed

___ Window operation prohibits escape or suicide

___ Insect screens

Glazing (8.2.2.7)

___ Safety glazing or no glazing under 60" AFF & within 12" of door jamb

___ Safety glazing (or curtains) in shower & bath enclosures

Handwashing Stations (8.2.2.8)

___ Handwashing sink

___ Soap dispenser

___ Hand drying facilities

Grab Bars (8.2.2.9)

___ Grab bars in all patient toilets & bathing facilities

___ 1½" wall clearance

___ 250 lb. Capacity

Noise Reduction

___ Noise reduction at patient rooms as per Table 2.1-1

Floors

___ Thresholds & exp. joints flush with floor surface (8.2.2.4)

___ Floors easily cleanable & wear-resistant (8.2.3.2)

___ Non-slip floors in wet areas

___ Wet cleaned flooring resists detergents

Walls (8.2.3.3)

___ Wall finishes are washable

___ Smooth/water-resist. finishes at plumbing fixtures

PLUMBING (10.1)

___ Handwashing sinks

___ hot & cold water

___ anchored to withstand 250 lbs. (8.2.2.8)

___ wrist controls or other hands-free controls at all handwashing sinks (1.6-2.1.3.2)

___ Non-slip walking surface at tubs & showers

___ Dialysis piping (10.1.2.2)

☐ check if function not included in unit

(if dialysis is not routinely performed)

___ separate water supply

___ separate drainage system

___ Medical gas outlets provided per Table 2.1-5

MECHANICAL (10.2)

___ Mech. ventilation provided per Table 2.1-2

___ Exhaust fans located at discharge end (10.2.4.3)

___ Fresh air intakes located at least 25 ft from exhaust outlet or other source of noxious fumes (10.2.4.4)

___ Contaminated exhaust outlets located above roof

___ Ventilation openings at least 3" above floor

___ Central HVAC system filters provided per Table 2.1-3

ELECTRICAL (10.3)

___ Emergency power provided to all essential services complies with NFPA 99, NFPA 101 & NFPA 110 (10.3.4.1)

___ nurses call system connected to emergency power circuits

___ Duplex, grounded receptacles max. 50 feet apart in corridors, max. 25 feet from corridor ends (10.3.7.1)